



**Request For Distribution
Lump Sum Death Benefit**

ATRS Participant/Member Information

Participant/Member Name _____

Participant/Member's SSN _____ Date of Death (if known) _____

Beneficiary Information

As the beneficiary or authorized representative of a beneficiary, I request payment of the lump sum death benefit payable from the ATRS retirement account listed above.*
Please mail the benefit check to the address provided.

Beneficiary Name _____

Beneficiary SSN _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Beneficiary Signature _____ Date _____

To be Completed by Notary Public

State of _____

(Notary Seal)

County of _____

Subscribed and sworn before me on this _____ day of _____, 20____.

Notary Signature _____ My Commission Expires _____

* A beneficiary must submit this request for distribution along with a certified copy of the participant/member's death certificate and a copy of the beneficiary's Social Security card or an IRS Form W-9 for the request to be processed. If the beneficiary is a trust, estate, or other legal entity, the person will need to provide evidence of his/her authority to act on behalf of the beneficiary.